

Approved For Release 2000/05/03 : CIA-RDP84-00360R000400120082-5

SERVICES OTHER THAN PERSONAL

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

(Address)

(City)

(State)

PAID BY

SAPC 9711

COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				2,193	24

PAYMENT:

Complete ☐Partial ☐Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$ 2,193 24

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

Date _____

final only)

STATINTL

required when a _____ (a)

Title _____

Amount verified; correct for _____

(Signature or initials) _____

Contract No. A101

Date _____

Req. No. _____

Date _____

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

By _____

SIGN
ORIGINAL
ONLY

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL

STATINTL

STATINTL STATINTL

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____. Payee _____ } favor of payee named above.

(Sign original only)

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* When a voucher is prepared by the payee, the name of the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and

Title _____

Services Other Than Personal

U. S. _____ COST REIMBURSABLE

Sheet No. 1 of Bureau Voucher No. 427

(Department, bureau, or establishment)

STATINTL

STATINTL

STATINTL

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Services Other Than Personal
MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Sheet No. 2 of Bureau Voucher No. 427

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		<u>OTHER COSTS</u>					
		<u>CK #</u>					
		<u>PAYEE</u>					
		187				5	00
		238				13	00
		182				120	00
		209				111	91
		105				56	27
		132				95	53
		148				19	50
		151				5	88
		89				20	00
						447	09 ✓